Develop a cooperative and trusting relationship with the family group by improving communication and interaction: the emphasis is on inclusion and sharing info.

Family intervention strategies
1. Forming a therapeutic alliance with all family members: good relationships with trust
2. Lower expressed emotion: family members learn more constructive ways of interaction and communication:
   a. Reducing a negative emotional climate and the burden of care for family members (stress)
   b. Reducing anger and guilt in family members
3. Having reasonable expectations among the family for the patient’s performance
4. Set boundaries to achieve a balance between caring for the patient and maintaining their own lives.
5. Educational element where family members are given...
   a. Info to help to understand deal with the illness
   b. Ways of managing the illness including medication compliance
   c. Patients are encouraged to explain to their families what sort of support is useful for them and what makes things worse for them.

Evaluation:
1. Evidence for effectiveness of family therapy
   - Pharoah reviewed evidence for effectiveness of family therapy for families of schizophrenia sufferers - he concluded that there is moderate evidence to show that family therapy within family reduces hospital readmission over a year and improves quality of life for patients and their families.
   - However, they also noted that results of different studies were inconsistent and that there were problems with the quality of some evidence - overall the evidence base for family therapy is fairly weak.
2. Appropriateness of family therapy
   - Family therapy is also associated with cost savings - the extra cost of family therapy, in addition to standard care, is offset by a reduction in hospitalisation costs due to lower relapse rates associated with family therapy.

Cognitive Behavioural Therapy used in treatment of schizophrenia

CBT aim is to:
- Help patients identify and change irrational thoughts and beliefs by challenging their beliefs and demonstrating they are wrong through 'reality testing'.
- Change behaviour

CBT helps patients:
- By understanding how delusions and hallucinations impact on their feelings and behaviour and where the symptoms come from is helpful for patients as it reduces the distress associated with dysfunction
- They are given to patients immediately when they carry out the correct or socially desirable behaviours in order to prevent 'delay discounting' - the reduced effect if a delayed reward.
- Tokens are secondary reinforcers because they only have value when the patient learns that they can be used to obtain tangible rewards.
- The tokens are then exchanged for a reward at an appropriate time: the reward is the primary reinforcer → privileges, sweets, outings etc...

Evaluation

1. Evidence of effectiveness
- Dickerson reviewed 13 studies of the use of token economies in a psychiatric setting: 11 studies reported beneficial effects that were directly attributable to the use of token economies, suggesting that the token economy can increase target behaviours of people with SZ.
- However, many of the studies had methodological shortcomings, which affected the validity of the results.
- Whilst research supports the effectiveness of token economies in managing SZ, the validity and reliability of the research is questioned.

2. Token economies are only appropriate within institutions
- Patients within institutions receive 24 hour care and are monitored and rewarded appropriately, however, outpatients with SZ living in the community are only seen for a few hours a day.
- This is a problem because the beneficial effects of reinforcement are reduced if the reinforcement is not continuous or immediate following target behaviour.
- Token economy will therefore not be appropriate for the majority of patients who are treated within the community, which are less structured settings.

3. Effective and appropriate for some symptoms only
- Token economies only effectively manage a few of the symptoms of SZ: they increase certain kinds of behaviour such as basic self care, but do not address cognitive symptoms or the cause of SZ such as hallucinations, delusions etc.
- Token economies are therefore only appropriate for some symptoms such as lack of motivation → the tokens provide patients with the incentive to behave in desirable ways so have a real effect on these symptoms.

The interactionist approach to explaining schizophrenia

=A broad approach to explaining schizophrenia, which acknowledges that a range of factors, including biological and psychological factors, are involved in the development of schizophrenia.

The diathesis-stress model → our underlying vulnerability
- An interactionist approach to explaining behaviour. E.g. schizophrenia is explained through a range of both an underlying vulnerability (diathesis) and a trigger, both of which are necessary for the onset of schizophrenia.